


Idaho Department of Correction 	Standard Operating Procedure Operations Division Operational Services	Control Number: 401.06.03.007	Version: 2.2	Page Number: 1 of 6
		Title: Emergency Medical Response Plans		Adopted: 11-9-1998 Reviewed: 6-11-2012 Next Review: 6-11-2014

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BOARD OF CORRECTION IDAPA RULE NUMBER 401

[Medical Care](#)

POLICY CONTROL NUMBER 401

[Clinical Services and Treatment](#)

DEFINITIONS

[Standardized Terms and Definitions List](#)

Contract Medical Provider: A private company or other entity that is under contract with the Idaho Department of Correction (IDOC) to provide comprehensive medical, dental, and/or mental health services to the IDOC's incarcerated offender population.

Critique of Drill or Actual Event: An observation of documentation and activities to include the names and titles of healthcare services staff and their roles, which are used to determine whether or not they responded appropriately to a drill or actual event.

Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

Facility Medical Director: The highest ranking physician in an Idaho Department of Correction (IDOC) facility.

Health Authority: The Idaho Department of Correction (IDOC) employee who is primarily responsible for overseeing or managing the IDOC's medical services. (The health authority is commonly referred to as the health services director.)

Man-down Drill: A simulated emergency — simulating life-threatening situations commonly experienced in correctional settings — affecting one individual who is in need of immediate medical intervention.

Mass Disaster Drill: A simulated emergency — simulating natural, internal, and external disasters — involving multiple casualties that require triage by healthcare services staff.

Qualified Health Professional: A physician, physician assistant, nurse practitioner, nurse, dentist, mental health professional, or other health professional who — by virtue of his

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education, training, credentials, and experience — is permitted by law (within the scope of his professional practice) to educate, train, evaluate, provide services, and care for patients.

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures for facility healthcare emergency medical response plans.

SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) healthcare services staff, offenders, contract medical providers and subcontractors.

RESPONSIBILITY

Health Authority

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services, and
- The implementation and continued practice of the provisions provided in this SOP.

When healthcare services are privatized, the health authority will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all healthcare-related requirements provided in respective contractual agreements, this SOP, **and** in *National Commission on Correctional Health Care (NCCHC) standard P-A-07, Emergency Response Plan*. (See [section 2](#) of this SOP.)

Contract Medical Provider

When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring that all aspects of this SOP **and** NCCHS standard P-A-07 are addressed by applicable contract medical provider policy and procedure;
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, *NCCHC standard P-A-07*, **or** as indicated in their respective contractual agreement(s);
- Overseeing the development of a standard emergency equipment/medications list for all applicable contract medical providers; and

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- Ensuring all applicable contract medical provider policy, procedure, and forms (to include the emergency equipment/medications list) are submitted to the health authority for review and approval prior to implementation.

Note: Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

Facility Medical Director

The facility medical director will be responsible for:

- Overseeing emergency medical response drills and training (see the note boxes in section 1, subsection, "[Drills](#)."), and
- Submitting written critiques on all emergency medical response drills or actual events and noting recommendations for improvement.

Note: When there is a real actual event at a community reentry center (CRC) **and** the facility medical director is not on-site **and** facility-specific guidance does not properly identify an alternate contact for implementing the emergency plan, CRC staff should coordinate with the facility identified in section 1, subsection, "[Emergency Medical Response Plans](#)."

In addition to the above responsibilities, the facility medical director **and** facility health authority (or designee) will be jointly responsible for:

- Ensuring that all healthcare services staff are appropriately trained to fulfill their roles as provided in the *Emergency Medical Response Plan*, and
- Deciding whether or not corrective action is necessary based on audits of healthcare records and audit findings.

Facility Health Authority

The facility health authority will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP;
- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP **and** *NCCHC standard P-A-07* are accomplished as required, and
- Ensuring that appropriately trained staff verify once a month that:
 - ◆ Breakaway locks are intact and dated on all emergency medical response kits,
 - ◆ The kits are complete and all equipment is functioning properly, and
 - ◆ The most current expiration date on equipment/medications is within proper time frames.

In addition to the above responsibilities, the facility health authority **and** facility medical director (or designee) will be jointly responsible for:

- Ensuring that all healthcare services staff are appropriately trained to fulfill their roles as provided in the *Emergency Medical Response Plan*, and

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- Deciding whether or not corrective action is necessary based on audits of healthcare records, incident critiques, and audit findings.

In addition to the above responsibilities, the facility health authority **and** facility head (or designee) will be jointly responsible for:

- Providing an applicable contract medical provider procedure for the timely and orderly delivery of medical services in the event of a natural or man-made disaster; and
- Incorporating available community support (e.g., fire departments, civil defense, hospitals, private physicians, and ground/emergency transport services) into the *Emergency Medical Response Plan*.

Qualified Health Professional

The qualified health professional will be responsible for:

- Certifying the verification of the equipment/medications inventory by dating and signing the monthly checklist, and
- Participating in and critiquing all emergency medical response drills and actual events that occur on their respective shifts.

Facility Head

The facility head will be responsible for ensuring that security staff participates with healthcare services staff in the planning and implementation of all emergency medical response drills.

In addition to the above responsibilities, the facility head **and** the facility health authority (or designee) will be jointly responsible for:

- Providing an applicable contract medical provider procedure for the timely and orderly delivery of medical services in the event of a natural or man-made disaster; and
- Incorporating available community support (e.g., fire departments, civil defense, hospitals, private physicians, and ground/emergency transport services) into the *Emergency Medical Response Plan*.

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GENERAL REQUIREMENTS

1. Guidelines

Healthcare Services Staff and Equipment

- All new healthcare services staff and contract medical provider employees will be oriented to the healthcare services portion of the *Emergency Medical Response Plan* within five (5) working days of entering on duty in the facility.
- All healthcare services staff and contract medical provider employees shall receive annual training in emergency medical response, including nursing protocols and emergency procedures.
- Healthcare services staff and equipment shall be deployed to provide medical care in the event of an emergency in the facility or surrounding community according to the *Emergency Medical Response Plan*.

Emergency Equipment Inventories

All emergency equipment inventories will be maintained in order to assure that the appropriate medical equipment is readily available in an emergency to allow efficient initial treatment of both multiple and single injuries or illness.

Emergency Medical Response Plans

Each *Emergency Medical Response Plan* must be facility-specific, developed jointly by the facility health authority and facility head; must be [National Incident Management System \(NIMS\) compliant](#); and include and/or address, at a minimum, the following:

- An alert system;
- A list of emergency equipment and supplies;
- Healthcare services staff assignments and notification lists;
- A triage area and process;
- The safety and security of staff and patient area;
- Ambulatory services and emergency transport;
- Medical supply storage, maintenance, and delivery;
- Practice drills and other staff training;
- The disposition of the wounded, moribund (i.e., dying), and deceased;
- Communications between triage area, security staff, and inside transport services;
- Telephone numbers and procedures for calling healthcare services staff and the community emergency response system;
- Procedures for evacuating patients; and
- Alternate backups for each element of the plan.

Note: Unless described in the facility-specific plan, the following CRCs should coordinate with the facility as indicated when there is a real actual event and the facility medical director is not on-site: **Nampa CRC** – coordinate with Idaho Maximum Security Institution (IMSI), **South Idaho Correctional Institution (SICI) CRC** – coordinate with SICI, **East Boise CRC** – coordinate with South Boise Women's Correctional Center (SBWCC), and **Idaho Falls CRC** – coordinate with Pocatello Women's Correctional Center (PWCC).

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Drills

- NIMS **and** the Incident Command System (ICS) must be used to ensure specific criteria for conducting drills are met.
- Planning and implementing mass disaster and man-down drills should involve security staff and healthcare services staff.
- The facility health authority and the facility medical director shall participate in the drills to identify opportunities for improvement and to evaluate the response to the drills.
- The date of the drills and recommendations resulting from the review are noted in the narrative monthly report submitted to the health authority.
- Participating staff will attend the debriefing **or** if debriefing worksheets are used, complete the worksheets as required.
- After-action lessons learned must be incorporated into the *Emergency Medical Response Plan*.

Note: Other than for evacuations, offenders shall never be participants in drills.

Note: If full-time healthcare services staff are not assigned to a particular shift, that shift will be exempt from participating in drills.

Note: If there are no full-time healthcare services staff, drills are not required.

Mass Disaster Drill

At least once over a three (3)-year period, each shift will participate in one mass disaster drill simulating multiple casualties requiring triage by healthcare services staff.

Man-down Drill

At least annually, a man-down drill will be conducted on each shift.

2. Compliance

Compliance with this SOP and all related IDOC-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority (or designee) must conduct two (2) audits per year, per facility (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider, IDOC policy and procedures, applicable NCCHC standards, and the review of an appropriate number of emergency response incidents, to include individual records.

REFERENCES

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-A-07, Emergency Response Plan

State of Idaho, Bureau of Homeland Security, *National Incident Management System* (www.bhs.idaho.gov)

State of Idaho, Office of the Governor, *Executive Order No. 2006-10, Assignments of All-hazard Mitigation, Preparedness, Response, and Recovery Functions to State Agencies in Support of Local and State Government Relating to Emergencies and Disasters* (www.gov.idaho.gov)